Rate Floor Data

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Block	l - Contact Infor	nation				
ROW#	DATA ELEMENT		FORMAT OF REQUESTED DATA	i di i i i i i i i i i i i i i i i i i	RESPONSE	
1	Carrier Study Area Code		6 numeric digits	320801		
2	Carrier Study Area Name			alpha characters	CenturyTel of Od	on
3	Service Provider Identification Number			9 numeric digits	143001750	
4	Residential Local Service Charge Effective Date			mm/dd/yyyy	6/1/2014	
5	Contact Name			alpha characters	Ken Buchan	
6	Contact Telephone Number (include area code)			9 numeric digits	(318) 362-1538	
7	Sheet number			numeric digit(s)	1	
8	Total Number of Sheets			numeric digit(s)	1	
	Column 1 Residential Local	Column 2 State Subscriber	2 - Residential L Column 3 State Universal	ocal Service Rat Column 4 Mandatory	Column 5	ine Counts
	Service Charge	Line Charge	Service Fee	Extended Area Service Charge		
9	\$ 14.25	4.78	\$ 0.07	NA		
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

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Certification o	f Officer as to the Accuracy of the Data Reported	for the Rate Floor Data
	eporting carrier; my responsibilities include ensuring the a owledge, the information reported on this form is accurate	
Name of Reporting Carrier: CenturyTel of	Odon, Inc. d/b/a CenturyLink	
Signature of authorized officer:	000	Date 6/20/14
Printed name of authorized officer: David D. C	oole	,
Title or position of authorized officer: Executive	Vice President of Operations Support and Controller	
Telephone number of authorized officer: (318) 388 - 9000, ext	
Study Area Code of Reporting Carrier	320801 Filing Due Date for this form	7/1/2014